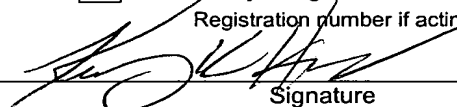


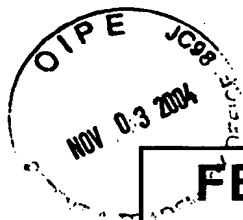
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PTO/SB/22 (10-04)  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (fees effective on or after October 1, 2004)		<b>Docket Number (Optional)</b> PZ007P2	
<b>Application Number</b> 09/933,767-Conf. #7025		<b>Filed</b> August 22, 2001	
For 207 Human Secreted Proteins			
<b>Art Unit</b> 1634		<b>Examiner</b> B. L. Sisson	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$ 110.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-3425</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,302</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
 Signature		November 3, 2004 Date	
Kenley K. Hoover Typed or printed name		(301) 610-5771 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

11/04/2004 HGUTENA1 00000018 083425 09933767  
01 FC:1251 110.00 DA



\*\*\* Please note request to charge additional fees during the pendency of the application.

IN LIEU OF PTO/SB/17 (10-04v2)

FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known																														
		Application Number	09/933,767-Conf. #7025																													
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 22, 2001																													
		First Named Inventor	Jian Ni																													
		Examiner Name	B. L. Sisson																													
TOTAL AMOUNT OF PAYMENT (\$)		110.00	Art Unit	1634																												
		Attorney Docket No.	PZ007P2																													
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																														
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																														
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.																																
The Director is authorized to: (check all that apply)																																
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)																																
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																
<input checked="" type="checkbox"/> *** Charge any additional fee(s) during the pendency of the application																																
FEE CALCULATION																																
1. BASIC FILING FEE																																
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Code</th><th>Fee (\$)</th><th>Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>790</td><td>2001</td><td>395</td></tr><tr><td>1002</td><td>350</td><td>2002</td><td>175</td></tr><tr><td>1003</td><td>550</td><td>2003</td><td>275</td></tr><tr><td>1004</td><td>790</td><td>2004</td><td>395</td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Code	Fee (\$)	Code	Fee (\$)	1001	790	2001	395	1002	350	2002	175	1003	550	2003	275	1004	790	2004	395	1005	160	2005	80			
Large Entity	Small Entity	Fee Description	Fee Paid																													
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1001	790	2001	395																													
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SUBTOTAL (1) (\$)		0.00																														
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Independent Claims</td><td>** =</td><td>x</td><td>=</td></tr><tr><td>Multiple Dependent</td><td>** =</td><td>x</td><td>=</td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	Independent Claims	** =	x	=	Multiple Dependent	** =	x	=																			
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**or number previously paid, if greater; For Reissues, see above																																
		Other fee (specify)																														
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		SUBTOTAL (3) (\$)																														
		110.00																														
SUBMITTED BY		(Complete if applicable)																														
Name (Print/Type) Kenley K. Hoover		Registration No. (Attorney/Agent)	40,302	Telephone (301) 610-5771																												
Signature		Date	November 3, 2004																													